SHOREWOOD HEIGHTS HEALTH CARE CENTER

3710 NORTH OAKLAND AVENUE SHOREWOOD 53211

SHOREWOOD 53211 Phone: (414) 831-8200		Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	174	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	243	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	142	Average Daily Census:	151
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	26. 1
Supp. Home Care-Personal Care	No	D		T 1 07		1 - 4 Years	24. 6
Supp. Home Care-Household Services		Developmental Disabilities	3. 5	Under 65	35. 2	More Than 4 Years	49. 3
Day Services	No	Mental Illness (Org./Psy)	14. 8	65 - 74	23. 2		
Respite Care	Yes	Mental Illness (Other)	29 . 6	75 - 84	28. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	10.6	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	5. 6	95 & 0ver	2. 8	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 7	<u> </u>	(Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	2. 1		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	9. 9	65 & 0ver	64. 8		
Transportation	No	Cerebrovascul ar	12. 7			RNs	6. 9
Referral Service	No	Di abetes	1.4	Sex	%	LPNs	13. 5
Other Services	Yes	Respiratory	2. 1		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	17. 6	Male	57. 7	Ai des, & Orderl i es	40. 6
Mentally Ill	No			Female	42. 3		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care		l	Managed Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	
Int. Skilled Care	0	0. 0	0	5	3. 9	118	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	5	3. 5
Skilled Care	9	100.0	291	82	63. 6	102	0	0.0	0	2	100.0	174	0	0.0	0	1	100.0	250	94	66. 2
Intermedi ate				35	27. 1	86	1	100. 0	96	0	0.0	0	0	0.0	0	0	0.0	0	36	25. 4
Limited Care				3	2. 3	75	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2. 1
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				4	3. 1	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	2.8
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		129	100.0		1	100. 0		2	100.0		0	0.0		1	100.0		142	100.0

County: Milwaukee SHOREWOOD HEIGHTS HEALTH CARE CENTER

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi t	i ons, Servi ces	s, and Activities as of 12/	31/01
zenens zuring nepereing rerreu		<u> </u>			% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	2. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent I	Resi dents
Private Home/With Home Health	0.0	Bathi ng	8. 5		41. 5	50. 0	142
Other Nursing Homes	16. 2	Dressi ng	22. 5		29. 6	47. 9	142
Acute Care Hospitals	69 . 5	Transferring	44. 4		16. 2	39. 4	142
Psych. HospMR/DD Facilities	5. 7	Toilet Use	52 . 1		14. 8	33. 1	142
Rehabilitation Hospitals	4.8	Eating	73. 2		2. 1	24. 6	142
Other Locations	1.0	***************	******	*****	*****	*********	*****
Total Number of Admissions	105	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		6. 3		Respiratory Care	1. 4
Private Home/No Home Health	20. 6	0cc/Freq. Incontinent		78 . 2		Tracheostomy Care	0. 7
Private Home/With Home Health	22. 4	0cc/Freq. Incontinent	of Bowel	63. 4		Sucti oni ng	2. 1
Other Nursing Homes	1. 9				Recei vi ng	Ostomy Care	2. 8
Acute Care Hospitals	18. 7	Mobility				Tube Feeding	12. 0
Psych. HospMR/DD Facilities	0. 9	Physically Restrained		2. 1	Recei vi ng	Mechanically Altered Diets	29. 6
Rehabilitation Hospitals	0. 0]					
Other Locations	1. 9	Skin Care				ent Characteristics	
Deaths	33. 6	With Pressure Sores		4. 2		nce Directives	100. 0
Total Number of Discharges		With Rashes		2. 1	Medi cati ons		
(Including Deaths)	107				Recei vi ng	Psychoactive Drugs	13. 4

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

Ownership: Bed Size: Li censure: 200+ Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 62. 1 77. 1 0.81 80. 2 0.78 82.7 0.75 84. 6 0.73 Current Residents from In-County 98.6 82.7 1. 19 83. 3 1. 18 **85**. 3 1. 16 77. 0 1. 28 Admissions from In-County, Still Residing 35. 2 19. 1 1.84 27.4 1. 28 21. 2 1.66 20.8 1.69 Admissions/Average Daily Census 69.5 173. 2 0.40 94. 3 0.74 148. 4 0.47 128. 9 0.54 Discharges/Average Daily Census 70.9 173.8 0.41 98. 8 0.72 150. 4 0.47 130.0 0.54 Discharges To Private Residence/Average Daily Census 30. 5 71.5 0.43 31.6 0.96 **58.** 0 0.53 52. 8 0.58 Residents Receiving Skilled Care 69. 7 92.8 0.75 89. 7 0.78 91.7 0.76 85.3 0.82 Residents Aged 65 and Older 64.8 86.6 0.75 90. 1 0.72 91.6 87. 5 0.74 0.71 Title 19 (Medicaid) Funded Residents 90.8 71. 1 1.28 71.6 1. 27 64. 4 68. 7 1. 32 1.41 Private Pay Funded Residents 13. 9 0.07 23.8 22. 0 0.06 1.4 0. 10 19. 1 0.06 Developmentally Disabled Residents 3. 5 1.3 2.63 0.8 4. 22 0. 9 7. 6 0.46 3. 75 Mentally Ill Residents 44. 4 32. 5 1.36 35. 4 1. 25 32. 2 1.38 33. 8 1. 31 General Medical Service Residents 17.6 20. 2 0.87 20. 3 0.87 23. 2 0.76 19. 4 0.91 49.3 Impaired ADL (Mean) 49.7 52.6 0.95 51.8 0.96 51.3 0.97 1.01 Psychological Problems 13. 4 48.8 0.27 47.7 0.28 50. 5 0.26 51. 9 0. 26 Nursing Care Required (Mean) 6. 9 7. 2 7.3 7.3 0.94 7. 3 0. 93 0. 95 0.94